

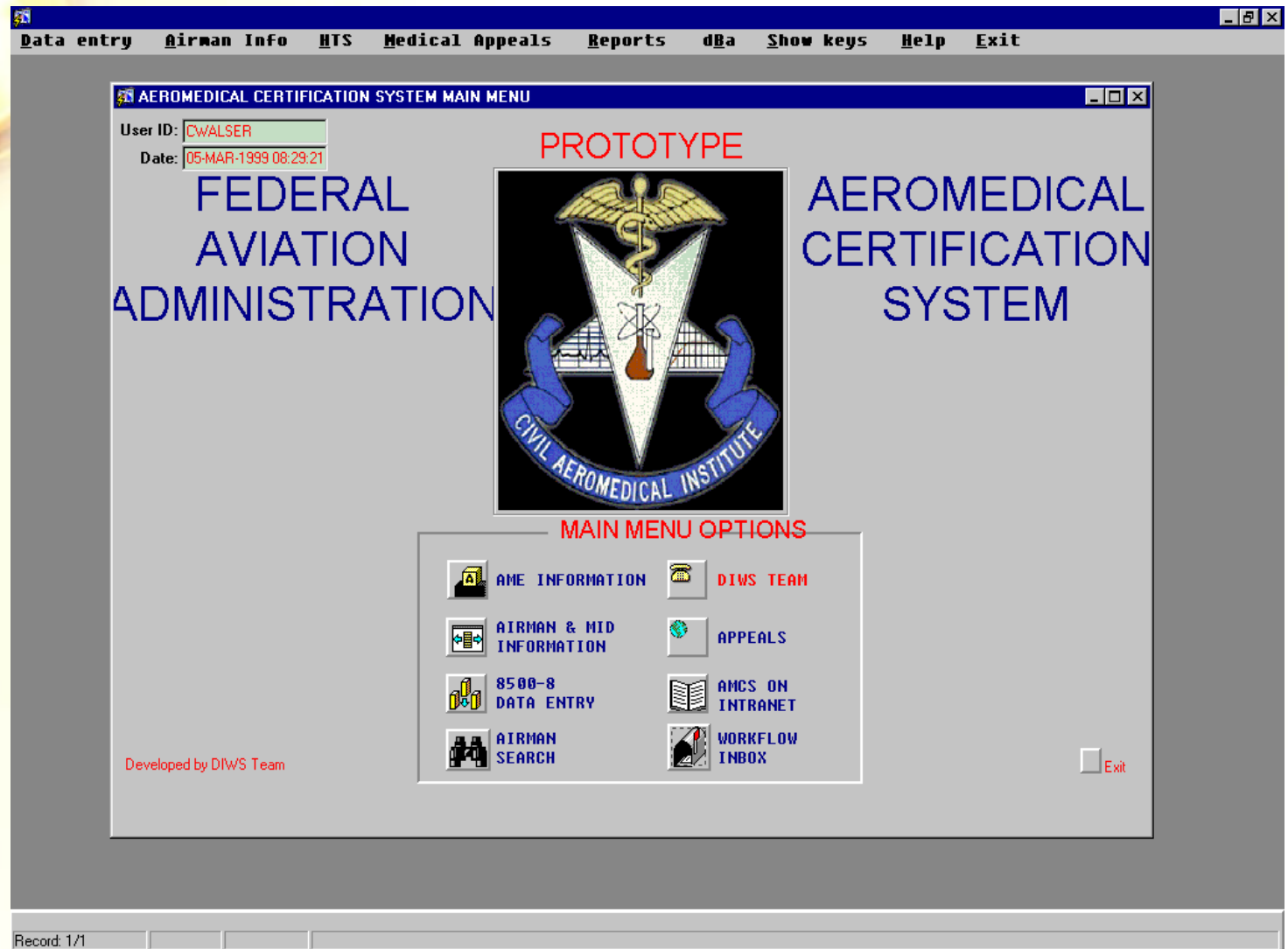


DIWS System Presentation

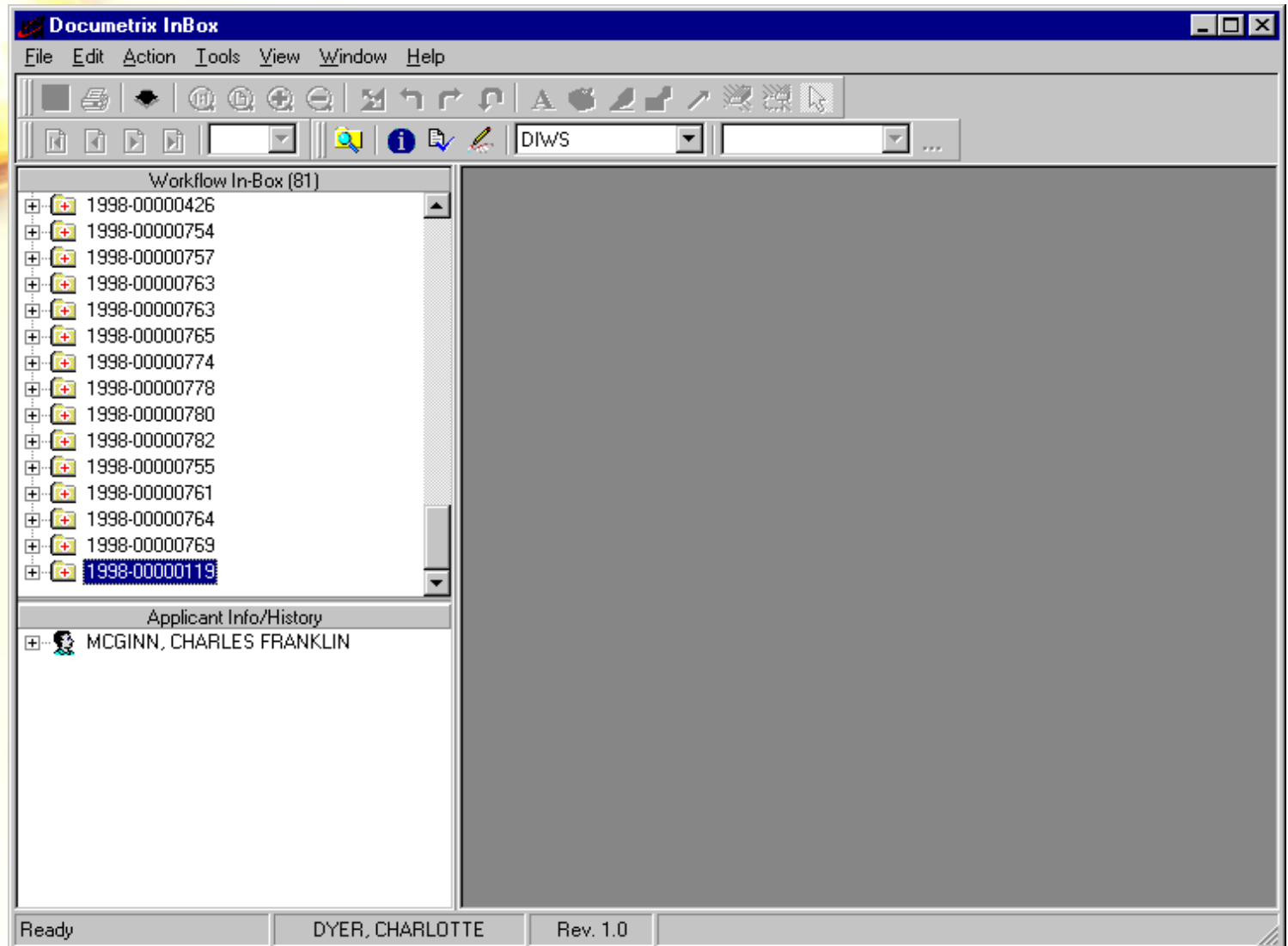


3/25/99

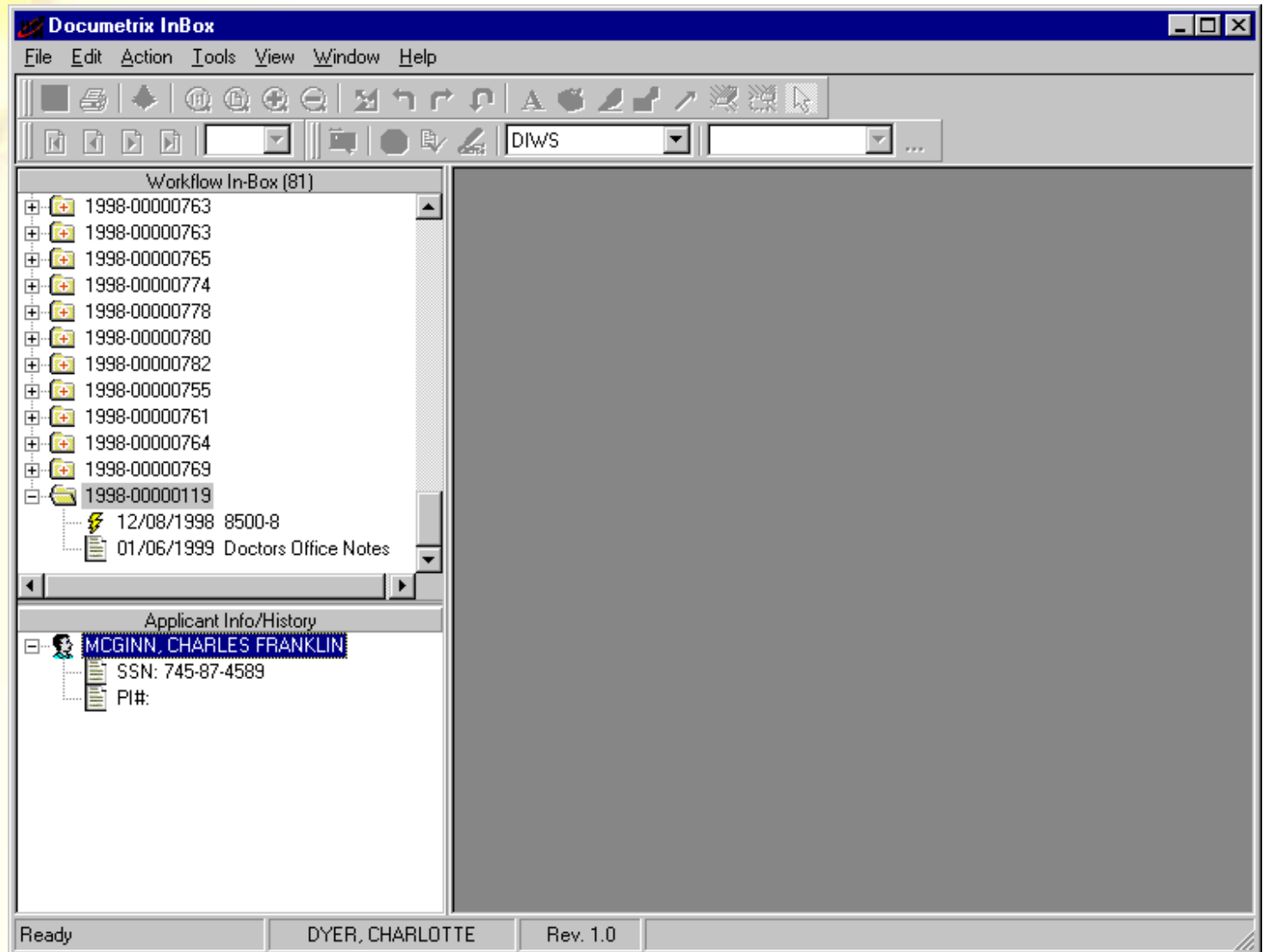
DIWS Main Screen



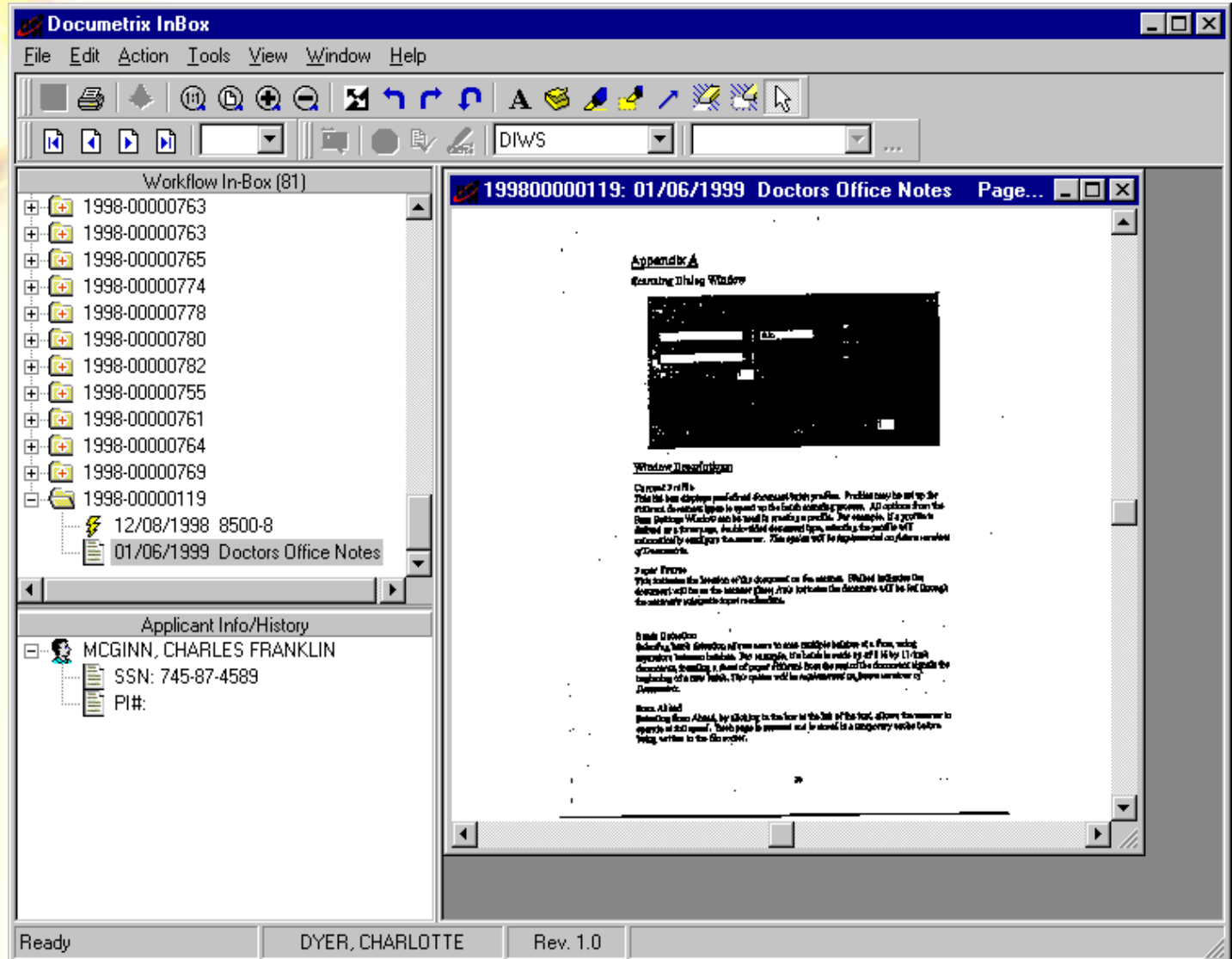
DIWS Workflow Inbox



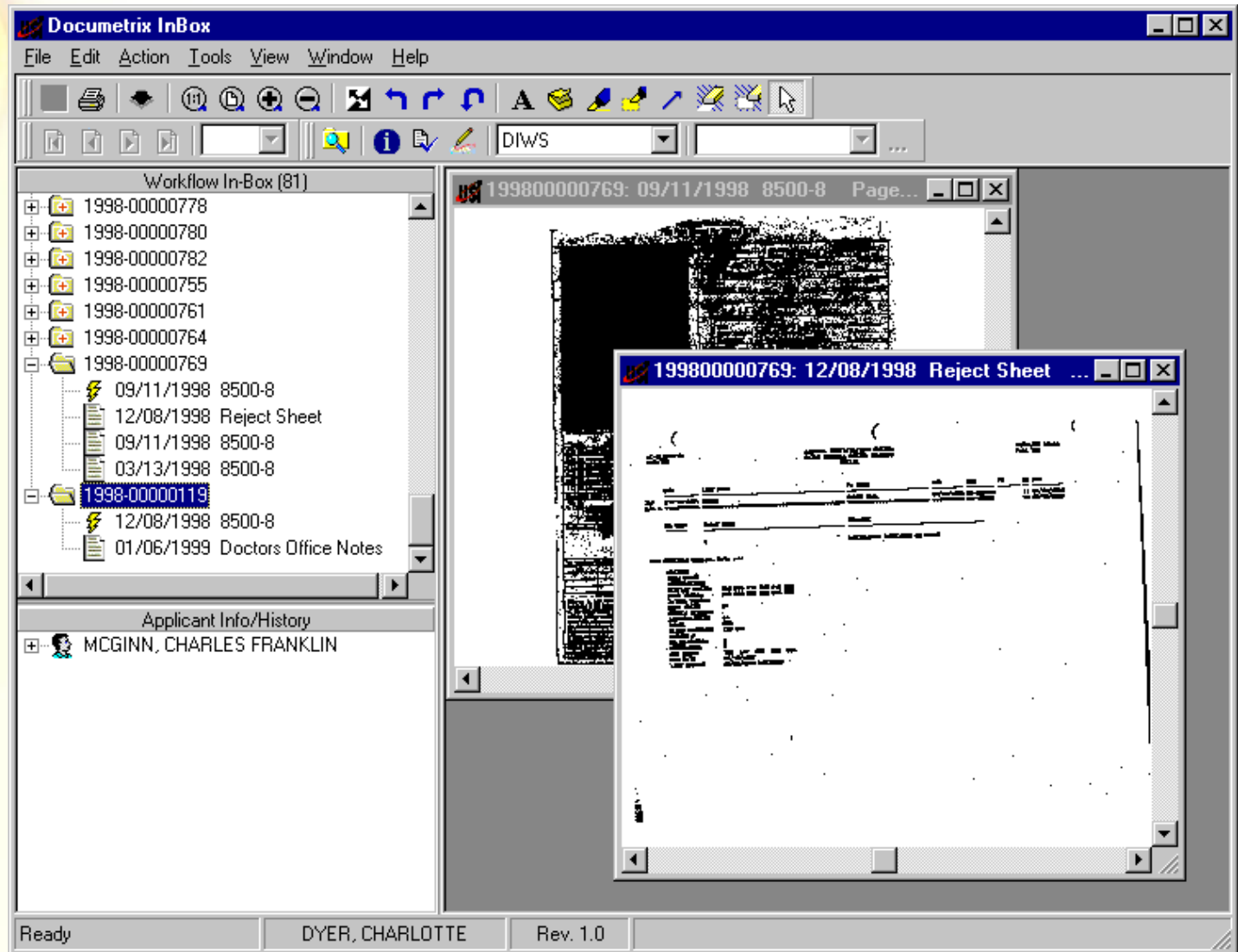
DIWS Workflow Inbox



DIWS Workflow Inbox



DIWS Workflow Inbox



Annotating Documents

The screenshot displays the Documetrix InBox application window. The interface includes a menu bar (File, Edit, Action, Tools, View, Window, Help), a toolbar with various icons, and a workflow tree on the left. The main document area shows a 'Reject Sheet' for patient 199800000769, dated 12/08/1998. The document contains a table of medical data. A red arrow points to the 'EKG CODES' row, which is highlighted in yellow, with the text 'Please review' next to it.

Workflow In-Box (81)

- 1998-00000778
- 1998-00000780
- 1998-00000782
- 1998-00000755
- 1998-00000761
- 1998-00000764
- 1998-00000769
 - 09/11/1998 8500-8
 - 12/08/1998 Reject Sheet
 - 09/11/1998 8500-8
 - 03/13/1998 8500-8
- 1998-00000119
 - 12/08/1998 8500-8
 - 01/06/1999 Doctors Office Notes

Applicant Info/History

- MCGINN, CHARLES FRANKLIN

Document: 199800000769: 12/08/1998 Reject Sheet Page: 1 of 1

HISTORY

PATH CODES

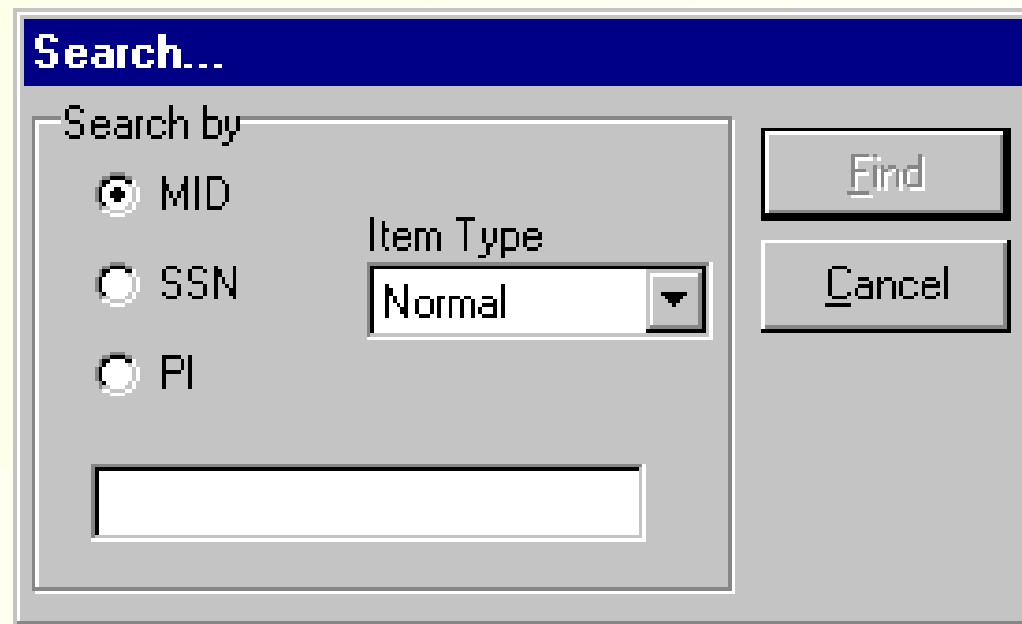
RESTRICTIONS

DISTANT VISION	015	015	015	015	015	000
NEAR VISION	020	020	020	020	020	000
INTERM VISION						
CONV VOICE	06					
SPEECH DISCRIM						
ABNORMALITIES	44					
PULSE	072					
BLOOD PRESSURE	126	084				
WAIVER #						
COLOR-VISION	N					
MEDICATION	N					
EKG CODES	128	117	096	056	889	
EKG DATE	09/12/1997					
LAST UPDATE	07/06/1998	MC8TCHUP				

Please review

Ready | DYER, CHARLOTTE | Rev. 1.0

Searching Your Inbox



The image shows a 'Search...' dialog box with a blue title bar. Inside, there is a 'Search by' section with three radio buttons: 'MID' (selected), 'SSN', and 'PI'. To the right of these is an 'Item Type' dropdown menu currently set to 'Normal'. Below the radio buttons is a large empty text input field. On the right side of the dialog are two buttons: 'Find' and 'Cancel'.

Search...

Search by

☒ MID

☐ SSN

☐ PI

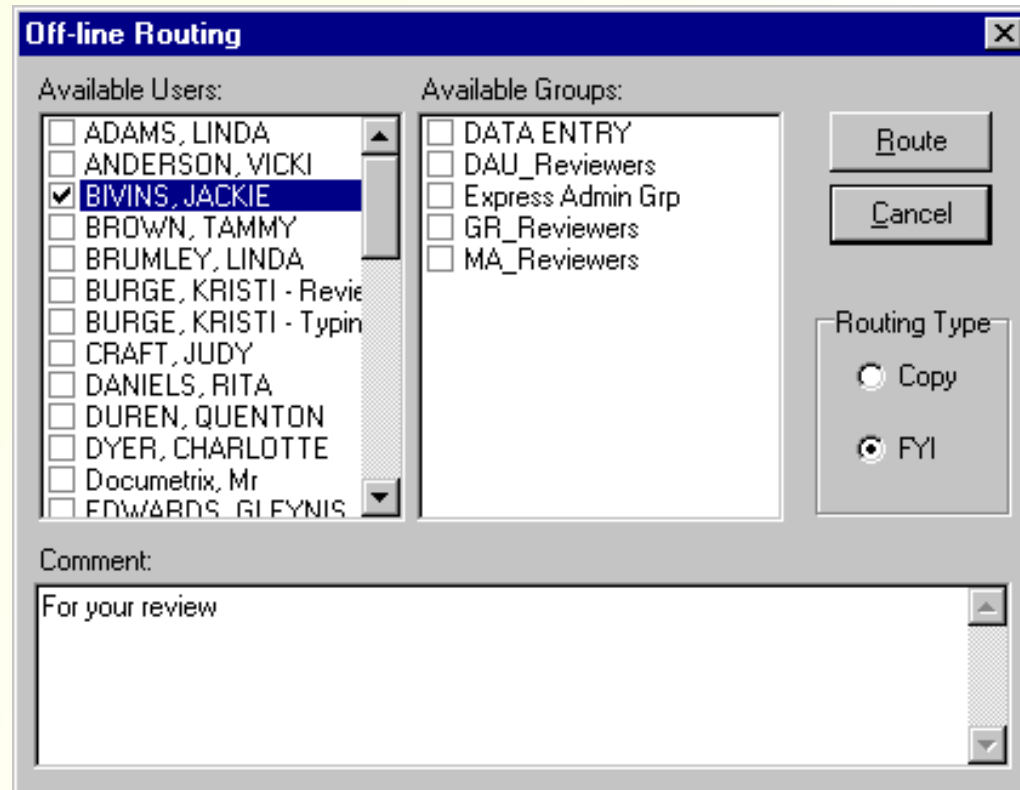
Item Type

Normal

Find

Cancel

Off-Line Routing



The image shows a software dialog box titled "Off-line Routing". It features two columns of checkboxes for selecting users and groups. The "Available Users" column includes names like ADAMS, LINDA and BIVINS, JACKIE (which is checked). The "Available Groups" column includes DATA ENTRY and DAU_Reviewers. On the right, there are "Route" and "Cancel" buttons, and a "Routing Type" section with radio buttons for "Copy" and "FYI" (which is selected). At the bottom, there is a "Comment:" label and a text area containing the text "For your review".

Off-line Routing

Available Users:

- ☐ ADAMS, LINDA
- ☐ ANDERSON, VICKI
- ☒ BIVINS, JACKIE
- ☐ BROWN, TAMMY
- ☐ BRUMLEY, LINDA
- ☐ BURGE, KRISTI - Review
- ☐ BURGE, KRISTI - Typing
- ☐ CRAFT, JUDY
- ☐ DANIELS, RITA
- ☐ DUREN, QUENTON
- ☐ DYER, CHARLOTTE
- ☐ Documetrix, Mr
- ☐ EDWARDS, GLENNIS

Available Groups:

- ☐ DATA ENTRY
- ☐ DAU_Reviewers
- ☐ Express Admin Grp
- ☐ GR_Reviewers
- ☐ MA_Reviewers

Route

Cancel

Routing Type

☐ Copy

☒ FYI

Comment:

For your review

8500-8

Items 7 - 17

Action Edit Query Block Record Field Window Help

8500-8 DATA ENTRY SCREEN

Applicant

Applicant ID: 980000118 Last Name: MCGINN

1. Application For: ☐ Airman Medical Certificate ☐ Airman Medical and Student Pilot Certificate

2. Class Applied For: ☐ 1st ☐ 2nd ☐ 3rd

First Name: CHARLES Middle Name: FRANKLIN

5. Street/Address: 6500 S. MACARTHUR BLVD City: OKLAHOMA CITY State: OK Zip Code: 74587

4. SSN: 745-87-4589 6. DOB: 08-DEC-1968 9. Sex: ☒ M ☐ F

Country: 1 Country Description: USA Phone: (405)954-9712 MID: 1998-00000119

7 - 17 18 19 & 20 21 - 48 49 - 58 59 - 64 CERTIFICATE

PI Number:

7. Hair: BROWN 8. Eye Color: BLUE

10. Certificate Held:

☐ NONE ☐ ATC SPECIALIST ☐ FLIGHT INSTRUCTOR ☐ RECREATIONAL
☐ AIRLINE TRANSPORT ☐ FLIGHT ENGINEER ☐ PRIVATE ☐ OTHER
☐ COMMERCIAL ☐ FLIGHT NAVIGATOR ☒ STUDENT Other Text:

For FAA Use
Review Action Codes
Reviewer Name
Reviewer Date

11. Occupation: 1 Description: PILOT, SCHEDULED AND NON-SCHEDULED AIRLINES ONLY.

12. Employer: CHINA AIRLINES 13. Has Your FAA Medical Certificate Ever Been Denied, Suspended, or Revoked: ☐ Y ☐ N Date:

14. To Date: 12120 15. Past Six Months: 2020 ☒ No Prior Application 16. Date of Last FAA Medical Examination:

17. Do you currently use any medication (Prescription or Nonprescription): ☐ YES ☒ NO
If yes, give name, purpose, dosage, and frequency:
TEST

Record: 1/1

Record: 1/1

8500-8

Items 19 & 20

8500-8 DATA ENTRY SCREEN

Applicant

Applicant ID: 980000118 Last Name: MCGINN

1. Application For: ☐ Airman Medical Certificate ☐ Airman Medical and Student Pilot Certificate

2. Class Applied For: ☐ 1st ☐ 2nd ☐ 3rd

First Name: CHARLES Middle Name: FRANKLIN

5. Street/Address: 6500 S. MACARTHUR BLVD City: OKLAHOMA CITY State: OK Zip Code: 74587

4. SSN: 745-87-4589 6. DOB: 08-DEC-1968 9. Sex: ☒ M ☐ F

Country: 1 Country Description: USA Phone: (405)954-9712 MID: 1998-00000119

7 - 17 18 19 & 20 21 - 48 49 - 58 59 - 64 CERTIFICATE

19. Visits to Health Professionals Within Last 3 Years ☐ Y ☐ N

Date:	Physician:	Number/Street:	City:	State:	Zip:	Country:	Country:	Type Professional:	Reason:
						1			

- NOTICE -
Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick scheme or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or may be fined up to \$25,000 or imprisoned not more than 5 years or both. (18 U.S. Code Secs. 1001,3571)

20. Applicant's National Driver Register and Certifying Declarations:
I hereby authorize the National Driver Registry (NDR), through a designated State Department of Motor Vehicles to furnish to FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 23 U.S. Code 401, Note.
NOTE: All persons using this form must sign it. NDR consent, however does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.
I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form

Did Applicant sign the form: ☐ Y ☐ N Date: 08-DEC-1998

Record: 1/1

Record: 1/1

8500-8

Items 49 - 58

8500-8 DATA ENTRY SCREEN

Applicant

Applicant ID: 980000118 Last Name: MCGINN

First Name: CHARLES Middle Name: FRANKLIN

4. SSN: 745-87-4589 6. DOB: 08-DEC-1968 9. Sex: ☒ M ☐ F

1. Application For: ☐ Airman Medical Certificate ☐ Airman Medical and Student Pilot Certificate

2. Class Applied For: ☐ 1st ☐ 2nd ☐ 3rd

5. Street/Address: 6500 S. MACARTHUR BLVD City: OKLAHOMA CITY State: OK Zip Code: 74587

Country: 1 Country Description: USA Phone: (405)954-9712 MID: 1998-00000119

7 - 17 18 19 & 20 21 - 48 **49 - 58** 59 - 64 CERTIFICATE

49. Hearing

Conversational Voice at 6 Feet: ☐ Normal ☐ Abnormal

Speech Discrimination:

Audiometer (Threshold in Decibels)

Right 500: Right 1000: Right 2000: Right 3000: Right 4000:

Left 500: Left 1000: Left 2000: Left 3000: Left 4000:

50. Distant Vision

Right 20/: Right Corrected to 20/:

Left 20/: Left Corrected to 20/:

Both 20/: Both Corrected to 20/:

51. Near Vision

Right 20/: Right Corrected to 20/:

Left 20/: Left Corrected to 20/:

Both 20/: Both Corrected to 20/:

51b. Intermediate Vision

Right 20/: Right Corrected to 20/:

Left 20/: Left Corrected to 20/:

Both 20/: Both Corrected to 20/:

52. Color Vision

☐ NORMAL ☐ ABNORMAL

53. Field of Vision

☐ NORMAL ☐ ABNORMAL

54. Heterophoria 20':

Esophoria: Exophoria: Right Hyperphoria: Left Hyperphoria:

55. Blood Pressure

Systolic: Diastolic:

56. Pulse: (Resting)

57. Urinalysis (if abnormal, give results)

☐ NORMAL ☐ ABNORMAL Albumin: Sugar:

58. ECG Date:

Record: 1/1

8500-8

Items 59 - 64

8500-8 DATA ENTRY SCREEN

Applicant

Applicant ID: 980000118 Last Name: MCGINN

1. Application For: ☐ Airman Medical Certificate ☐ Airman Medical and Student Pilot Certificate

2. Class Applied For: ☐ 1st ☐ 2nd ☐ 3rd

First Name: CHARLES Middle Name: FRANKLIN

5. Street/Address: 6500 S. MACARTHUR BLVD City: OKLAHOMA CITY State: OK Zip Code: 74587

4. SSN: 745-87-4589 6. DOB: 08-DEC-1968 9. Sex: ☒ M ☐ F

Country: 1 Country Description: USA Phone: (405)954-9712 MID: 1998-00000119

7 - 17 18 19 & 20 21 - 48 49 - 58 59 - 64 CERTIFICATE

59. Other Tests:

60. Comments on History: Significant Medical History ☐ Y ☐ N Abnormal Physical Findings ☐ Y ☐ N

For FAA Use

Pathology Codes: Coded By: Coding Date: Clerical Reject: ☐

62. Certificate Status: ☐ Medical Certificate ☐ Medical and Student Pilot Certificate ☐ No Certificate Issued - Deferred for Further Evaluation ☐ Has Been Denied - Letter of Denial Issued (Copy Attached)

63. Disqualifying Defects: TEST

64. Medical Examiner's Declaration - I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Exam Date: 08-DEC-1998 AME Declaration: ☐ N ☐ Y AME Declaration Date: 08-DEC-1998

AME No.: 4343 Last Name: TILGNER First Name: ARTHUR D Middle Name: Degree: M.D. Speciality:

Street: 222 WEST SEVENTH AVE BOX 14 City: ANCHORAGE State: AK Zip: 995130000 Telephone: (907)271-5431

Record: 1/1

8500-8 Certificate

8500-8 DATA ENTRY SCREEN

Applicant

Applicant ID: 980000118 Last Name: MCGINN

First Name: CHARLES Middle Name: FRANKLIN

4. SSN: 745-87-4589 6. DOB: 08-DEC-1968 9. Sex: ☒ M ☐ F

1. Application For: ☐ Airman Medical Certificate ☐ Airman Medical and Student Pilot Certificate

2. Class Applied For: ☐ 1st ☐ 2nd ☐ 3rd

5. Street/Address: 6500 S. MACARTHUR BLVD City: OKLAHOMA CITY State: OK Zip Code: 74587

Country: 1 Country Description: USA Phone: (405)954-9712 MID: 1998-00000119

7 - 17 18 19 & 20 21 - 48 49 - 58 59 - 64 **CERTIFICATE**

UNITED STATES OF AMERICA
Department of Transportation
Federal Aviation Administration
EE-9090909

**MEDICAL CERTIFICATE SECOND CLASS
AND STUDENT PILOT CERTIFICATE**

This certifies that (Full name and address):
CHARLES FRANKLIN MCGINN

Date of Birth	Ht.	Wt.	Hair	Eyes	Sex
08-DEC-68	70	170	BROWN	BLUE	M

has met the medical standards prescribed in Part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations

Date of Examination: 08-DEC-1998 Examiner's Serial No.: 4343

Additional Information

Expiration Date:

Comments:

Class Issued: Description:

DONE CANCEL

Record: 1/1

Locating An Airman In Workflow

MID:199800000119 Item History [X]

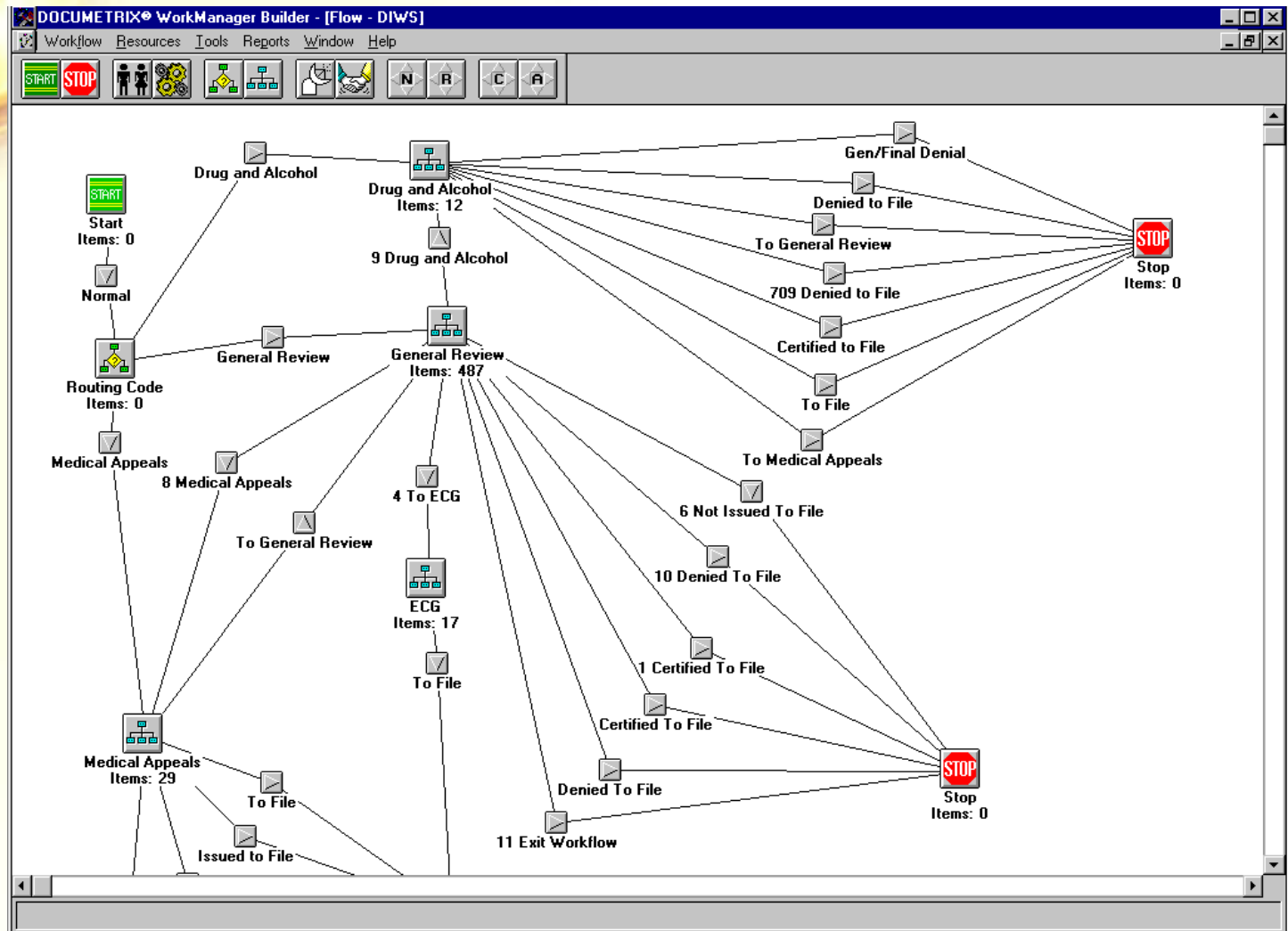
Name: DOB:

SSN: PI#:

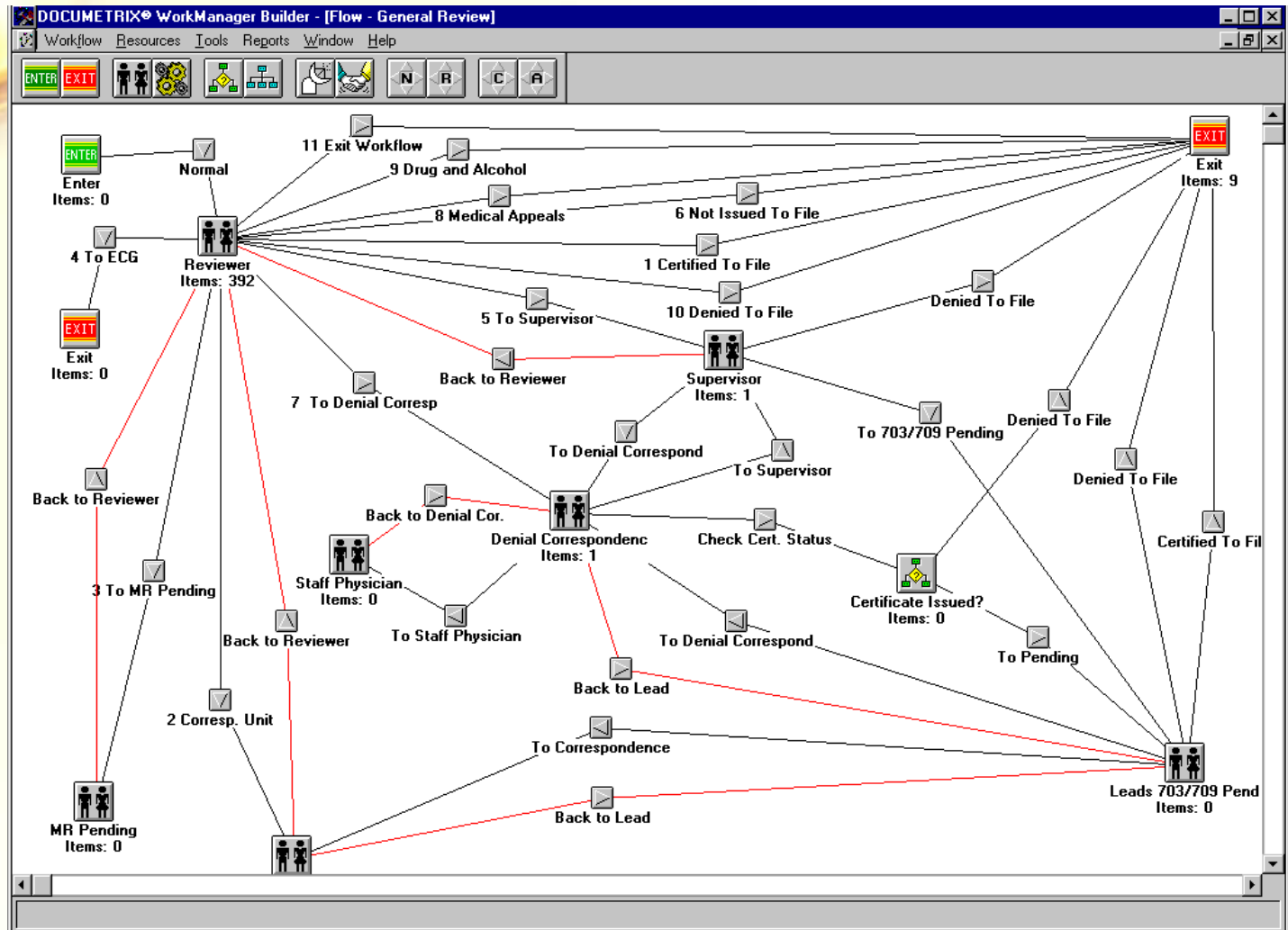
Comment:

Date Received	Type	State	Action	Date Released	Owner
03/05/1999 08:59:32AM	N	Normal	Reviewer		DYER, CHARLOTTE
03/05/1999 08:59:01AM	N	General Review	General Review	03/05/1999 08:59:01AM	
03/05/1999 08:58:31AM	N	Normal	Routing Code	03/05/1999 08:58:31AM	
03/05/1999 08:58:00AM	N	N/A	Start	03/05/1999 08:58:00AM	MCGINN, FRANK

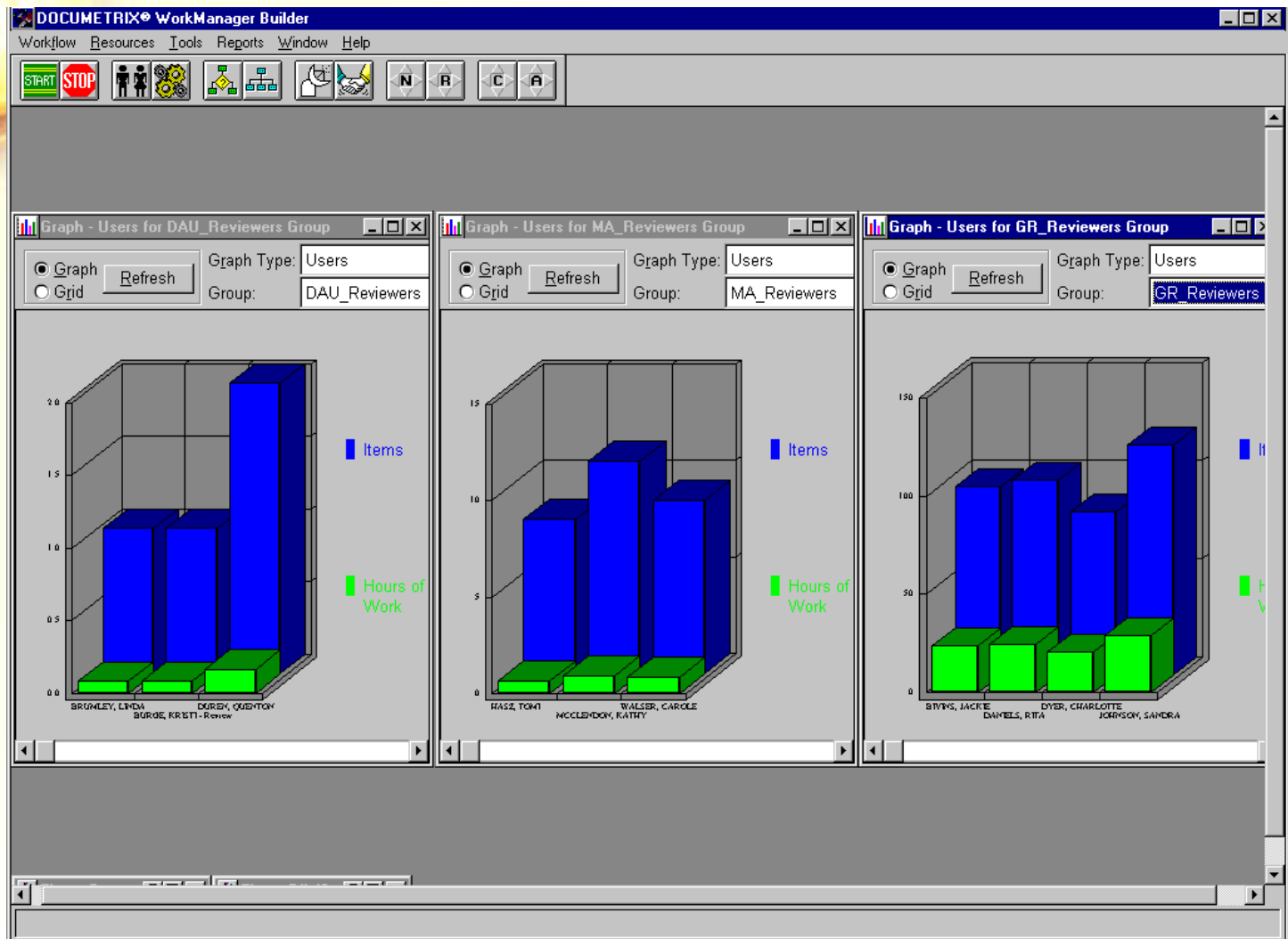
DIWS Workflow Process



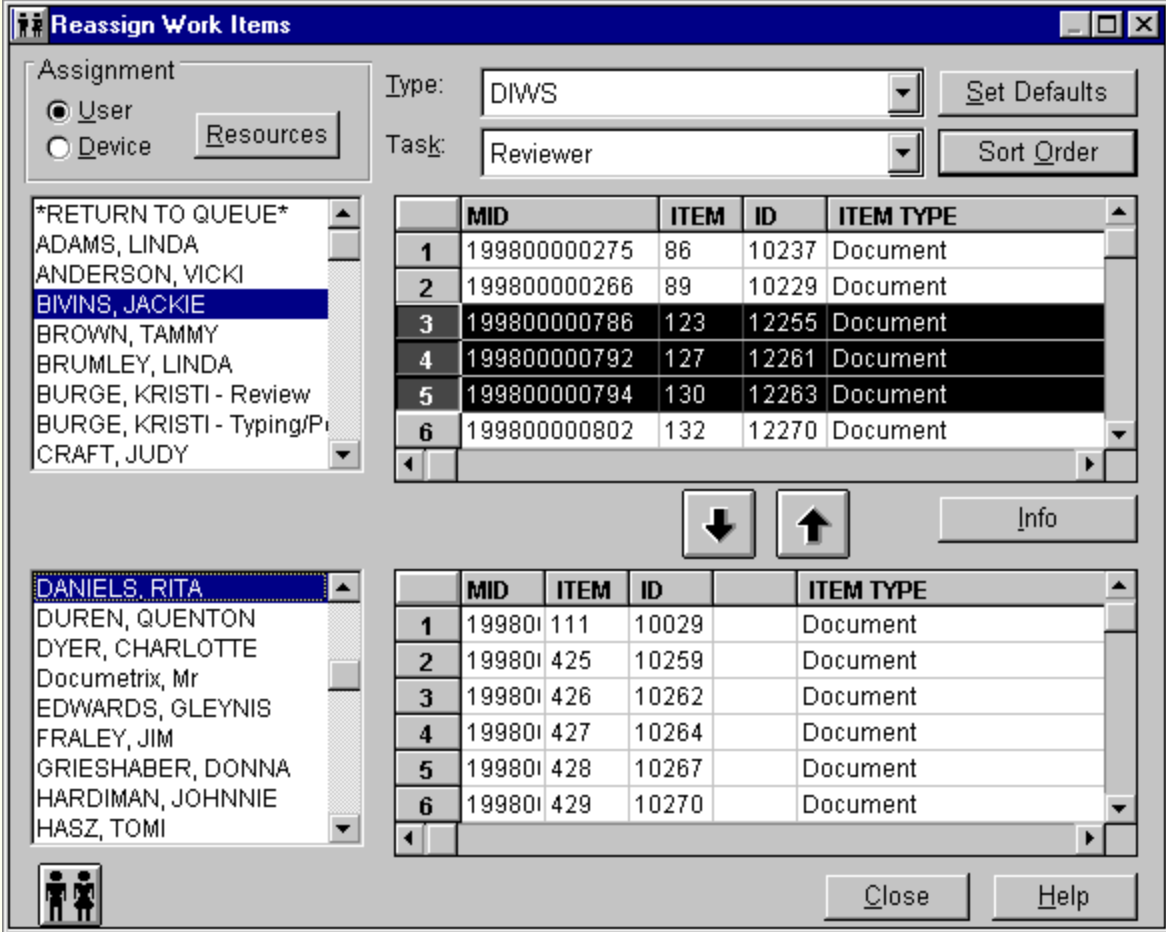
General Review Workflow Process



Work Process Statistics



Reassigning Work



The dialog box is titled "Reassign Work Items". It features a "Assignment" section with radio buttons for "User" (selected) and "Device", and a "Resources" button. To the right are dropdowns for "Type" (set to "DIWS") and "Task" (set to "Reviewer"), along with "Set Defaults" and "Sort Order" buttons. The main area contains two lists of users and two tables of work items. The top user list includes "ADAMS, LINDA", "ANDERSON, VICKI", "BIVINS, JACKIE" (highlighted), "BROWN, TAMMY", "BRUMLEY, LINDA", "BURGE, KRISTI - Review", "BURGE, KRISTI - Typing/P", and "CRAFT, JUDY". The bottom user list includes "DANIELS, RITA" (highlighted), "DUREN, QUENTON", "DYER, CHARLOTTE", "Documetrix, Mr", "EDWARDS, GLEYNIS", "FRALEY, JIM", "GRIESHABER, DONNA", "HARDIMAN, JOHNNIE", and "HASZ, TOMI". The top table has columns MID, ITEM, ID, and ITEM TYPE, with 6 rows of data. The bottom table has columns MID, ITEM, ID, and ITEM TYPE, with 6 rows of data. Navigation buttons (down arrow, up arrow, and Info) are located between the two tables. At the bottom are "Close" and "Help" buttons.

Assignment

☒ User ☐ Device [Resources](#)

Type: [Set Defaults](#)

Task: [Sort Order](#)

RETURN TO QUEUE

- ADAMS, LINDA
- ANDERSON, VICKI
- BIVINS, JACKIE**
- BROWN, TAMMY
- BRUMLEY, LINDA
- BURGE, KRISTI - Review
- BURGE, KRISTI - Typing/P
- CRAFT, JUDY

	MID	ITEM	ID	ITEM TYPE
1	199800000275	86	10237	Document
2	199800000266	89	10229	Document
3	199800000786	123	12255	Document
4	199800000792	127	12261	Document
5	199800000794	130	12263	Document
6	199800000802	132	12270	Document

↓ ↑ [Info](#)

DANIELS, RITA

- DUREN, QUENTON
- DYER, CHARLOTTE
- Documetrix, Mr
- EDWARDS, GLEYNIS
- FRALEY, JIM
- GRIESHABER, DONNA
- HARDIMAN, JOHNNIE
- HASZ, TOMI

	MID	ITEM	ID	ITEM TYPE
1	199800000111	10029		Document
2	199800000425	10259		Document
3	199800000426	10262		Document
4	199800000427	10264		Document
5	199800000428	10267		Document
6	199800000429	10270		Document

 [Close](#) [Help](#)



Questions?